

INFORMATION BULLETIN

WELFARE-TO-WORK

Number: WB99-30

Date: June 8, 1999
Expiration Date: 06/30/99
69:149:is:2900:

TO: SERVICE DELIVERY AREA ADMINISTRATORS
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES
DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES
COUNTY WELFARE DIRECTORS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF
EDD EXECUTIVE STAFF
WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: REVISED WELFARE-TO-WORK CLIENT FORMS

The purpose of this information bulletin is to release the revised versions of the Welfare-to-Work (WtW) client forms. The Job Training Partnership Division released draft WtW client forms in Information Bulletin WB99-22 on September 15, 1998. We have received final regulations from the Department of Labor regarding the data that must be collected and reported upon for WtW participants. Please discontinue using the old version of WtW forms and replace them with the attached revisions. The forms included in this information bulletin are:

1. Welfare-to-Work Application/Registration—WtW 10 EWRF (5/99)
2. Welfare-to-Work Enrollment—WtW 20 EWEF (5/99)
3. Welfare-to-Work Monthly Activity Record—WtW 30 EMAF (5/99)
4. Welfare-to-Work Employment Record—WtW 40 EWER (5/99)
(This form was previously called Welfare-to-Work Placement Information—WPF)
5. Welfare-to-Work Termination of Active Enrollment—WtW 50 EWTF (5/99)
6. Welfare-to-Work Follow-Up Information—WtW 60 EWFF (5/99)

These revised forms coincide with the most recent version of the Job Training Automation (JTA) System, Release 3.19.0. Changes to both the JTA System and the WtW client forms were made in consultation with the Service Delivery Area advisory group.

Should you have any questions regarding the JTA system or JTA Release 3.19.0, please contact the JTA Help Desk at (916) 653-0202. Questions regarding WtW policy or eligibility should be directed to your program manager.

/S/ BILL BURKE
Assistant Deputy Director

Attachments

WELFARE-TO-WORK

APPLICATION / REGISTRATION

| | | | | | | | |
|--|---------------------------------|---|--|--|--|--|----------------------------------|
| 03 Application Date | | 04 Last Name | | 05 First Name | | Middle | |
| 06 Street Address (Residence) | | City State (Residence) | | 07 ZIP (Residence) | | 08 Phone (Residence) () | |
| 09 Mail Street | | Mail City State | | 10 Mail ZIP | | 11 Message Phone () | |
| 12 GEO Code (Optional) | 13 Gender 1 Female 2 Male | 14 Birthdate | 15 Age | 16 Citizen 1 U.S. Citizen 2 Eligible Noncitizen 3 Ineligible Noncitizen | 17 Alien Doc # | 18 No. of Dependents (Include Participant) | |
| 19 TANF Case No. | | 20 TANF Assistance for 30 or More Months 1 Yes 2 No | 21 Within 12 months of Reaching TANF Time Limit 1 Yes 2 No | | 22 Non-Custodial Parent 1 Yes, Custodial Parent Receiving TANF 2 Yes, Custodial Caretaker Receiving TANF 3 Yes, Minor Child Receiving TANF 4 No | | 23 10% "Window" 1 Yes 2 No |
| 24 Reading Grade | 25 Math Grade | 26 Highest Grade Completed | 27 School Dropout 1 Yes 2 No | 28 Received GED 1 Yes 2 No | 29 Education Status (Attended) 1 Elementary School 2 Secondary School 3 High School Graduate 4 Voc/Tech School 5 Some College 6 2-Yr. College Graduate 7 4-Yr. College Graduate 8 Post-Grad Work/Degree 9 No School | | |
| 30 Limited English Speaking 1 Yes 2 No | | 31 Teen Pregnancy 1 Yes 2 No | 32 Teen Parent 1 Yes 2 No | | 33 Poor Work History 1 Yes 2 No | 34 Homeless 1 Yes 2 No | 35 Disabled 1 Yes 2 No |
| 36 Substance Abuse 1 Yes 2 No | | 37 Locally-Defined Characteristics 1 Yes 2 No | | 38 State Match 1 Yes 2 No | | 39 Eligibility A 70% Provision B 30% Provision X Ineligible | |
| 40 Ethnicity (Circle One) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Asian/Pacific Islanders BL Black-Not Hispanic HI Hispanic NA American Indian/Alaskan Native WH White | | | | | | | |
| Signature of Interviewer | | | | 41 Interviewer ID | | Date | |
| Signature of Reviewer | | | | 42 Reviewer ID | | Date | |

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Welfare-to-Work program and may result in action to recover any moneys paid to me while participating.

| | | | |
|---------------------|------|---|------|
| Signature of Client | Date | Signature of Parent, Guardian, or Responsible Adult | Date |
| Remarks: | | | |
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WELFARE-TO-WORK ENROLLMENT

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|----------------------------|
| 01 Case Number |
| 02 Application Number |
| Social Security Number |

| (TO BE SUBMITTED FOR ENROLLMENT) | | | | | |
|--|--------------------|--------------------------|--|-----------------------|--|
| Last Name | | First Name | | Middle | |
| 03 Assessment Prior to Enrollment 1 Yes 2 No | 04 Assessment Date | 05 Enrollment Date | 06 Enrollment Code 1 New Enrollment 2 Returning Enrollment 3 Concurrent/Transfer Enrollment | | |
| 07 Program Type 1 70% Formula Program 2 30% Formula Program 3 70% State Competitive Grant 4 30% State Competitive Grant 5 70% Federal Competitive Grant 6 30% Federal Competitive Grant 7 State Match | Grant Code | 08 Year of Appropriation | 09 Agency Code (optional) | 10 Enrolling Staff ID | |
| Enrolling Staff Signature | | | Date | | |
| Remarks | | | | | |
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WTW 20 EWEF (05/99)

WELFARE-TO-WORK

MONTHLY ACTIVITY RECORD

| |
|------------------------|
| 01 Case Number |
| Application Number |
| Social Security Number |

(TO BE SUBMITTED MONTHLY FOR EACH PARTICIPANT SERVED)

| | | | | |
|----------------------------------|--------------|------------|---------------|-------------------------|
| Last Name | | First Name | | Middle |
| 02 First Date Participant Served | Program Type | Grant Code | Staff ID/Name | 03 Reporting Month/Year |

| 04 Amount Expended by Activity | | | | | | |
|--------------------------------|-------------|---------------|----------------------|------------------------|-------------------|--------------------------------------|
| | Agency Code | Activity Code | Activity Description | Option Code (Optional) | Total \$ Expended | Estimated Completion Date (Optional) |
| 1 | | | | | | |
| 2 | | | | | | |
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Activity Codes - Require Entry for Total \$ Expended

- | | | |
|--|-----------------------------|--------------------------------|
| 01 Community Service | 05 On-the-Job Training | 09 (No longer in use) |
| 02 Work Experience Program | 06 Job Readiness | 10 Job Retention Services |
| 03 Public Sector Employment Wage Subsidy | 07 Job Placement Services | 11 Supportive Services |
| 04 Private Sector Employment Wage Subsidy | 08 Post-Employment Services | 12 Other Employment Activities |
| 13 In-Depth Assessment, Individualized Service Strategy, or Case Management Services | | |



WELFARE-TO-WORK EMPLOYMENT RECORD

| |
|----------------------------|
| 01 Case Number |
| Application Number |
| Social Security Number |
| Employment Record Number |

(TO BE SUBMITTED TO RECORD EMPLOYMENT INFORMATION)

| | | | | | |
|---|---------------------------|----------------------------------|---|--|---|
| Last Name | | First Name | | Middle | |
| Program Type | 02 Agency Code (Optional) | 03 Date Employed | | 04 Employer Number | |
| 05 Employer Name | | | Employer Address | | |
| Employer City / State | | | Employer ZIP | | |
| 06 Employer Contact | | | 07 Phone | | |
| 08 Concurrent Employment 1 Yes 2 No | | 09 Job Code | | Job Title | |
| 10 Hours Per Week | 11 Hourly Wage | 12 Amount of Hourly Wage Subsidy | 13 Sector Type 1 Fully Subsidized 2 Partially Subsidized 3 Unsubsidized 4 Unsubsidized at Entry | 14 Fringe Benefits (Optional) 1 Yes 2 No | 15 Non-Traditional Employment for Women (Optional) 1 Yes 2 No |
| 16 Placement Staff ID | Placement Staff Signature | | | Date | |
| Remarks | | | | | |
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WTW 40 EWER (05/99)



WELFARE-TO-WORK TERMINATION OF ACTIVE ENROLLMENT

01 Case Number

Application Number

Social Security Number

(TO BE SUBMITTED UPON TERMINATION OF ACTIVE ENROLLMENT)

Last Name

First Name

Middle

Program Type

Grant Code

02 Agency Code

03 Increased Wages

1 Yes

2 No

04 Termination Code

Termination Codes

01 Unsubsidized Employment

10 Health

02 Subsidized Employment

11 Cannot Locate

03 In Another Work Activity

12 Death

04 In Other Training

13 Institutionalized

14 Other

05 Termination Date

06 Termination Staff ID

Termination Staff Signature

Date

Remarks

WELFARE-TO-WORK

FOLLOW-UP INFORMATION

| |
|------------------------------------|
| Application Number |
| Social Security Number |
| 01 Case Number |
| 02 Employment Record Number |

| (TO BE SUBMITTED FOR FOLLOW-UP) | | | | |
|---|---|--|--|--|
| Last Name | | First Name | | Middle |
| Enrollment Grant Code | | Enrollment Code | | Enrollment Date |
| 03 Follow-Up Type 1 30 Day 2 60 Day 3 13 Week (91 Days) 4 6 Month (180 Days) | Follow-Up Date <div> <div></div> <div></div> </div> | | 04 Agency Code | 05 Interview Date <div> <div></div> <div></div> </div> |
| 06 Follow-Up Result 01 Complete: All Questions 02 Complete Interview: Missing Data 03 Respondent Never Located 04 Located but Never Available 05 Informant Refused for Respondent 06 Respondent Refused Interview 07 Language Problem Prevented Interview 08 Unable Due to Illness/Disability 09 Case Ineligible 10 Died/Incapable After Termination | | | | |
| 07 Labor Force Status 1 Employed Full-Time 2 Employed Part-Time 3 Unemployed 4 Not in Labor Force 5 Status Unknown | | 08 Follow-up Staff ID | 09 Employed at All 1 Yes 2 No | 10 Weeks Employed |
| 11 With Term Employer 1 Yes 2 No | 12 Actual Hours Worked | 13 Wage Increase 1 Yes 2 No | 14 Wage Increase Amt | |
| 15 Date Employed <div> <div></div> <div></div> </div> | 16 Employer Number | | 17 Employer Name | |
| Employer Address | | Employer City, State, ZIP | | |
| 18 Contact | | | 19 Phone | |
| 20 Job Code | 21 Hours Per Week | | 22 Hourly Wage | |

WTW 60 EWFF (5/99)